SEP 2 0 2015 Statement of Legal Newspaper Ownership and Circulation STATE

Return to: Secretary of State, 500 E. Capitol, Pierre, SD 57501-5077		
1. TITLE OF NEWSPAPER The Standard		2. DATE 9-17-15
3. FREQUENCY OF ISSUE 3A. NO. OF ISSUES PUBLI	PRIC	ANNUAL SUBSCRIPTION CE \$39 in 50 49 out
4. COMPLETE MAILING ADDRESS OF KNOWN OFFICE OF PUBLICATION (Street, City, County, State and ZIP+4 Code) (Not printers)		
123 NMain POBOX 214 White lake DN 07383		
5. COMPLETE MAILING ADDRESS OF THE HEADQUARTERS OR GENERAL BUSINESS OFFICES OF THE PUBLISHER (Not printers)		
PUBLISHER (Not printers) 123 N Main POBOX 216 White Lake 5D 57383		
6. FULL NAME OF PUBLISHER: Standard Publishing Inc		
7. OWNER (If owned by a corporation, its name and address must be stated and list on the back of this form the names and addresses of stockholders owning or holding 1 percent or more of total amount of stock. If not owned by a corporation, the		
names and addresses of the individual owners must be given. If owned by a partnership or other unincorporated firm, its name and address, as well as that of each individual must be given.		
FULL NAME COMPLETE MAILING ADDRESS		
Standard Publishing Inc-Kim Ehlers PoBox 214 white lake 50 5738		
8. KNOWN BONDHOLDERS, MORTGAGES, AND OTHER SECURITY HOLDERS OWNING OR HOLDING 1		
PERCENT OR MORE OF TOTAL AMOUNT OF BONDS, MORTGAGES OR OTHER SECURITIES (If there are none, so state. If more space is needed, list on back of this form.		
N		
	AVERAGE NO. COPIES	ACTUAL NO. COPIES
9. EXTENT AND NATURE OF CIRCULATION	EACH ISSUED PRECEDING 12	ISSUED NEAREST TO FILING DATE
A.TOTAL NO. COPIES (Net Press Run)	MONTHS	260
B.PAID AND/OR REQUESTED CIRCULATION	500	7 2 30
 Sales through dealers and carriers, street vendors, 	20	30
counter sales, and paid electronic copies. 2. Mail Subscription	256	30
(Paid and or requested)	278	263
C.TOTAL PAID AND/OR REQUESTED CIRCULATION (Sum of 9B1 and 9B2)	298	303
D.FREE DISTRIBUTION 1. BY MAIL, CARRIER OR OTHER MEANS	0	0
2. SAMPLES, COMPLIMENTARY AND OTHER FREE COPIES	0	0
E. TOTAL DISTRIBUTION (Sum of C, D1 and D2)	298	303
F. COPIES NOT DISTRIBUTED 1. Office use, left over, unaccounted, spoiled after printing	27	47
2. Return from News Agents	0	0
G.TOTAL (Sum of E, F1 and F2 – Should equal net press run shown in A)	325	350
Statement must be signed by Publisher, Business Manager, or Owner in the presence of a Notary Public		
I swear that the statements made by me are true,	correct, and complete:	
(Signature)	7-18	(Title)
Swam trabafora ma this 18 day of Sept 2015		
State of South Dakota Swora to before me this / day of Oep /, 20/		
County of Hurora) Notary Public		
My commission expires: $4-12-20$		
(Seal)		
Form: SOS REC 051 8/2014		
* ()	. / %	